

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	233	7-16-93
TYPIST	350	7/20
VERIFIER	352	7/20
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
10/26	7/6
13	
✓	
10	
✓	
11	
✓	
12	
✓	
13	
✓	
14	
✓	
15	
(16)	✓
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30	✓
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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